
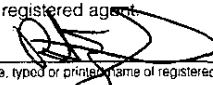


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90358 004 ****50.00

| | | | | | |
|---|--|--|---|---|--|
| DOCUMENT # L02000009861 1. Entity Name TROPIQUES D'AZURES INVESTMENTS, L.L.C. | | | |  | |
| Principal Place of Business 2858 LONE PINE RD LANE NAPLES FL 34119 | | | Mailing Address PO BOX 111365 NAPLES FL 34108 | | |
| 2. Principal Place of Business 2858 LONE PINE LANE | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip 34119 | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent ROSS, DONALD K JR ESQ 2640 GOLDEN GATE PARKWAY, SUITE 206 NAPLES FL | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE  | | DATE 02/01/04 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | |
| | | FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P EYNAND, RAYMOND P 2858 CONT PINE LANE NAPLES FL 34119 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S EYNAND, LINDA L 2858 CONT PINE LANE NAPLES FL 34119 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

02/01/04 239 595 0384